


EFFECTIVE DATE		VALIDATION NUMBER									
DO NOT WRITE IN SPACES ABOVE											
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p>THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF REVENUE</p> <p style="font-size: 2em; font-weight: bold;">2008</p> <p>FORM SFT-1- LICENSE APPLICATION</p> <ul style="list-style-type: none"> ● USER-SELLER OF SPECIAL FUELS ● SUPPLIER OF SPECIAL FUELS <p>FOR INFORMATION TELEPHONE (617) 887-5040</p> </div> <div style="font-size: 0.8em;"> <p>THE FEE FOR A USER-SELLER OF SPECIAL FUELS LICENSE OR A SUPPLIER OF SPECIAL FUELS LICENSE IS \$25.00. MAKE CHECK OR MONEY ORDER PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS". DO NOT COMBINE THE LICENSE FEE WITH ANY OTHER FEE OR PAYMENT.</p> </div> </div>		<p>1. F.I.D. OR SOCIAL SECURITY NUMBER</p> <hr/> <p style="text-align: center; font-weight: bold;">BUSINESS ADDRESS. TYPE OR PRINT ALL ENTRIES</p> <p>2. NAME OF LICENSEE</p> <hr/> <p>3. NAME (CONTINUED)</p> <hr/> <p>4. BUSINESS ADDRESS (STREET AND NUMBER)</p> <hr/> <p>5. CITY OR TOWN</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">6. STATE</td> <td style="width: 45%;">7. ZIP CODE</td> <td style="width: 30%;">8. AREA CODE TELEPHONE NUMBER</td> <td style="width: 10%;"></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </table>		6. STATE	7. ZIP CODE	8. AREA CODE TELEPHONE NUMBER					
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<p>INSTRUCTIONS : If now licensed, apply for renewal of the same type of license, unless the nature of the business has changed or otherwise instructed by Commissioner.</p> <p>A "USER-SELLER" is any person, not licensed as a Supplier, who dispenses special fuel into the tanks of motor vehicles. User-sellers may not resell special fuel in <u>bulk</u>. User-sellers pay MA fuels excise at the time of purchase.</p> <p>A "SUPPLIER" is any person who sells or delivers special fuels to a User-Seller and any person who imports special fuels and resells or uses the same in a motor vehicle. Suppliers pay MA fuels excise with their monthly return.</p> <p>The undersigned hereby makes application under the provisions of the General Laws, Chapter 62C, for a license for 2008 as a:</p> <p style="text-align: center;">CHECK ONE ONLY: <input type="checkbox"/> USER-SELLER OF SPECIAL FUELS</p> <p style="text-align: center;"> <input type="checkbox"/> SUPPLIER OF SPECIAL FUELS</p> <p>and agrees to file tax returns and such other information required and pay the tax due on special fuels sold or used in Massachusetts in compliance with Chapters 62C and 64E of the General laws. The undersigned also certifies, under the penalties of perjury, that all of the information contained in this application is true, accurate and complete and that he/she has complied with all laws of the Commonwealth relating to taxes.</p> <p>SIGN HERE _____ TITLE _____ DATE _____</p>											

APPLICANTS MUST COMPLETE REVERSE SIDE OR APPLICATION WILL BE RETURNED.

MAIL TO: MASSACHUSETTS DEPARTMENT OF REVENUE , P .O. BOX 7012, BOSTON, MA 02204

**ANSWER ALL APPLICABLE QUESTIONS BELOW
OR APPLICATION WILL BE RETURNED**

ENTER BELOW LOCATION AND STORAGE CAPACITY FOR EACH SPECIAL FUEL STORAGE FACILITY
LOCATED IN MASSACHUSETTS:

CAPACITY
(GALS.)

- | | | |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
| d. | _____ | _____ |
| e. | _____ | _____ |
| f. | _____ | _____ |

SPECIAL FUEL SUPPLY SOURCES IN MASSACHUSETTS. ENTER NAME AND ADDRESS:

- | | | |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
| d. | _____ | _____ |
| e. | _____ | _____ |
| f. | _____ | _____ |

NATURE OF BUSINESS: _____

CHECK FORM OF ORGANIZATION:

☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ ASSOCIATION ☐ OTHER _____

IF CORPORATION, ENTER STATE IN WHICH INCORPORATED AND DATE OF INCORPORATION: _____

NAME OF TREASURER: _____

IF PARTNERSHIP, ENTER NAMES OF PARTNERS AND DATE OF FORMATION OF PARTNERSHIP:

IF ASSOCIATION, ENTER DATE OF ORGANIZATION: _____

IF INDIVIDUAL, ENTER DATE BUSINESS WAS STARTED: _____

NUMBER OF SPECIAL FUELS PROPELLED VEHICLES OPERATED: _____

(SEE FORM IFTA-1 FOR INDIVIDUAL LICENSING OF THESE VEHICLES)